

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 7d

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

December 1, 1999

CATEGORICALLY NEEDY

17. Nurse-Midwife Services

Any person possessing the qualifications for a registered nurse in the State of Arkansas who is also certified as a nurse-midwife by the American College of Nurse-Midwives, upon application and payment of the requisite fees to the Arkansas State Board of Nursing, be qualified for licensure as a certified nurse-midwife. A certified nurse-midwife meeting the requirements of Arkansas Act 409 of 1995 is authorized to practice nurse-midwifery.

Services provided by a certified nurse midwife are limited to twelve (12) visits a year for recipients age 21 and older. This yearly limit is based on the State Fiscal Year (July 1 through June 30). The benefit limit will be considered in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, rural health clinic services and office medical services furnished by an optometrist. Recipients will be allowed twelve (12) visits per State Fiscal Year for services provided by a certified nurse midwife, physicians' services, rural health clinic services, medical services furnished by a dentist, office medical services furnished by an optometrist or a combination of the five. For services provided by a certified nurse midwife, physicians' services, rural health care services, medical services furnished by a dentist or office medical services furnished by an optometrist beyond the twelve visit limit, extensions will be provided if medically necessary. Recipients under age 21 in the Child Health Services (EPSDT) program are not benefit limited.

STATE <u>Arkansas</u>	A
DATE REC'D <u>10-26-99</u>	
DATE APP'VD <u>10-29-99</u>	
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SUPERSEDES: TN - 94-26

New Pages

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CATEGORICALLY NEEDY

18. Hospice Care

- The hospice patient must be terminally ill which is defined as having a medical prognosis with a life expectancy of six months or less. The terminal illness must be certified by the patient's attending physician and hospice services prescribed.
- Patients must voluntarily elect to receive hospice services and choose the hospice provider. **Hospice election is by "election periods". Election periods in the Arkansas Medicaid Hospice Program correspond to the election periods established for Medicare. The initial hospice election period is of 90 days duration and is followed by a second 90-day election period. The patient is then eligible for an unlimited number of 60-day election periods.**
- Election of the hospice benefit results in a waiver of the recipient's rights to payment for only those services which are related to the treatment of the terminal illness or related conditions and common to both Title XVIII and Title XIX. The recipient does not waive rights to payment for services related to the terminal illness that are unique to Title XIX.
- **Hospice services must be provided primarily in a patient's residence.**

A patient may elect to receive hospice services in a nursing facility if the hospice and the facility have a written agreement under which the hospice takes full responsibility for the professional management of the patient's hospice care, and the facility agrees to provide room and board to the patient.

- Hospice services must be provided consistent with a written plan of care.
- Dually eligible (Medicare and Medicaid) recipients must **elect hospice care** in the Medicare and Medicaid hospice programs simultaneously **to be eligible for Medicaid hospice services.**

STATE <u>Arkansas</u>	A
DATE REC'D <u>6-28-95</u>	
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CATEGORICALLY NEEDY

19. Case Management Services

Refer to Supplement 1 to Attachment 3.1-A.

20. Extended Services for Pregnant Women

- a. **Pregnancy-related and postpartum services for a 60 day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.**
- Services provided will only be pregnancy-related services, postpartum services and family planning. Sixty (60) days of postpartum care is covered if the individual is Medicaid eligible at delivery.**

b. Services for any other medical conditions that may complicate pregnancy.

(1) Risk Assessment

A medical, nutritional, and psychosocial assessment by the physician or registered nurse to designate patients as high or low risk.

(a) Medical assessment using the Hollister Maternal/Newborn Record System to include:

- medical history
- menstrual history
- pregnancy history

(b) Nutritional assessment to include:

- 24 hour diet recall
- screening for anemia
- weight history

(c) Psychosocial assessment to include criteria for an identification of psychosocial problems which may adversely affect the patient's health status.

STATE	SEP 12 1991	A
DATE REC'D	OCT 16 1991	
DATE APPV'D	OCT - 1 1991	
DATE EFF	91-43	
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Supersedes: 90-04

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CATEGORICALLY NEEDY

20. Extended Services for Pregnant Women (Continued)

b. Services for any other medical conditions that may complicate pregnancy. (Continued)

(1) Risk Assessment (Continued)

Pregnant women who are assessed as high risk, by definition, have medical conditions or circumstances which complicate the pregnancy. These patients need more medical services and attention in an effort to ensure a healthy birth outcome. Some conditions which complicate the pregnancy, and are therefore considered high risk, are:

Teenage pregnancies
Diabetes
Toxemia

MAXIMUM: 2 per pregnancy

(2) Case Management Services

Refer to Item 19 and Supplement 1 to Attachment 3.1-A.

Case Management services are reimbursed using a monthly rate. A minimum of 2 contacts per month must be provided. Case management is triggered by risk assessment and care plan development. A case management contact may be with the patient, other professionals, family, and/or other caregivers.

STATE <u>Arkansas</u>	A
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Supersedes - 87-12

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20. Extended Services for Pregnant Women (Continued)

- b. Services for any other medical conditions that may complicate pregnancy. (Continued)

(3) Perinatal Education

Educational classes provided by a health professional
(Public Health Nurse, Nutritionist, or Health Educator)

to include:

- pregnancy
- labor and delivery
- reproductive health
- postpartum care
- nutrition in pregnancy

These educational classes are designed to prevent the development of conditions which may complicate the pregnancy or to provide information to the pregnant woman in caring for herself during a pregnancy which may already have complicating factors.

MAXIMUM: 6 classes (units) per pregnancy

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HCFA 179	<u>87-12</u>	

Supersedes 86-26

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20. Extended Services for Pregnant Women (Continued)

- b. Services for any other medical conditions that may complicate pregnancy. (Continued)

(4) Nutritional Consultation - Individual

Services provided for high risk pregnant women by a registered dietitian or a nutritionist eligible for registration by the Commission on Dietetic Registration to include at least one of the following:

- an evaluation to determine health risks due to nutritional factors with development of a nutritional care plan
- nutritional care plan follow-up and reassessment as indicated

By definition, this service is covered only for women with high risk pregnancies. This service is appropriate for women whose complications require nutritional education for treatment of the complication (such as diabetics).

MAXIMUM: 9 units per pregnancy (1 unit equals 1 client visit)

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20. Extended Services for Pregnant Women (Continued)

- b. Services for any other medical conditions that may complicate pregnancy. (Continued)

(5) Social Work Consultation

Services provided for high risk pregnant women by a licensed social work to include at least one of the following:

- an evaluation to determine health risks due to psychosocial factors with development of a social work care plan
- social work plan follow-up, appropriate intervention and referrals

By definition, this service is only covered for women with high risk pregnancies. This service is appropriate for women whose complications require social work consultation as an essential element of treatment in dealing with the complication (such as a teenager with no place to live).

MAXIMUM: 6 units per pregnancy (1 unit equals 1 client visit)

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20. Extended Services for Pregnant Women (Continued)

- b. Services for any other medical conditions that may complicate pregnancy. (Continued)

(6) Early Discharge Home Visit

If a physician chooses to discharge a low-risk mother and newborn from the hospital early (less than 24 hours), the physician or registered nurse employee may provide a home visit to the mother and baby within 72 hours of the hospital discharge; or the physician may request an early discharge home visit from any clinic that provides perinatal services. Visits will be done by physician order (includes hospital discharge order).

A physician may order a home visit for the mother and/or infant discharged later than 24 hours if there is specific medical reason for home follow-up.

These services are preventive in nature to try to avoid post-partum complications.

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with Section 1920 of the Act).

Services are limited to the same benefit limits as other pregnancy-related services, i.e., outpatient hospital, physician, lab and X-ray, etc.

22. Respiratory care services (in accordance with Section 1902(e)(9)(A) through (C) of the Act).
Not provided.

STATE	<u>ARK</u>	A
DATE REC'D	<u>12-20-89</u>	
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23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation

(1) Ambulance Services

For transportation of recipient when medically necessary as certified by a physician to a hospital, to a nursing home from the hospital or patient's home, to the patient's home from the hospital or nursing home, **from a hospital (after receiving emergency outpatient treatment) to a nursing home if a patient is bedridden**, and from a nursing home to another nursing home if determined necessary by the Office of Long Term Care. Emergency service is covered only through licensed emergency ambulance companies. Services not allowed by Title XVIII but covered under Medicaid will be paid for Medicare/Medicaid recipients.

These services will be equally available to all recipients.

(2) Developmental Day Treatment Clinic Services (DDTCS) Transportation

Developmental Day Treatment Clinic Services (DDTCS) providers may provide transportation to and from a DDTCS facility. The Medicaid transportation broker must provide transportation to and from the nearest qualified medical provider for the purpose of obtaining medical treatment.

STATE <u>Arkansas</u>	A
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